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Date of Deposit: **04/29/2004**

Ref: Case Docket No.: **P3244D2**

First Named Inventor: **Igor Neyman**

Serial Number: **09/661,181**

Filing Date: **09/13/2000**

Title of Case: **Negotiated Routing in Telephony Systems**

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

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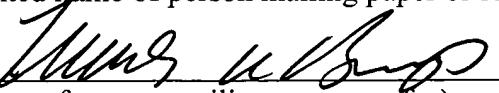
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1. Response A.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Petition for Extension of Time.
5. Check for fees in the amount of \$110.00.
6. Certificate of express mailing.
7. Postcard listing contents.

Mark A. Boys

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Method of Transmission: EV445461269US

CASE DOCKET NO. P3244D2

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In reference to application of Igor Neyman et al.

Serial No. 09/661,181

For Negotiated Routing in Telephony Systems

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- No additional fee is required.
 Applicant claims Small entity status under 37 CFR 1.27.
 The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	12	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 43	\$ 86	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input checked="" type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 110.00
Total additional for claims, time extensions and disclaimer fees							\$ 110.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

 A check in the amount of 110.00 is attached. Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed) Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,



 Donald R. Boys
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